



The Commonwealth of Massachusetts
State Board of Retirement
One Ashburton Place, Boston, MA 02108-1607

Timothy P. Cahill
Treasurer and Receiver General
Chairman

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OPTION SELECTION FORM

OPTION C
JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32.

I understand by choosing this option, I will receive a reduced retirement allowance for life. I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An **ELIGIBLE BENEFICIARY** may be: a Spouse, former Spouse (if not married), Child, Father, Mother, Brother, or Sister.

BENEFICIARY INFORMATION (MUST BE COMPLETED)

NAME OF BENEFICIARY: _____

DATE OF BIRTH: _____ SSN.: _____

RELATION TO MEMBER: _____ SEX: _____

PLEASE INCLUDE BIRTH CERTIFICATE OF BENEFICIARY AND MARRIAGE CERTIFICATE, IF SPOUSE.

MEMBER INFORMATION

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF WITNESS - THIS OPTION FORM MUST BE WITNESSED. IF MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE:

By witnessing this form, I acknowledge that I have read and understand the provisions of this option:

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____